HARDCORE BODYBUILDING ON THE WEB'S

COMPLETE

STEROID HANDBOOK

2004 EDITION

REVISED!

BY HARDCORE

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COMPLETE STEROID HANDBOOK 2004 EDITION©

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THE HISTORY OF STEROIDS

1889	French physiologist Charles Brown-Sequard markets a 'rejuvenating elixir' which is a extract made from the testicles of guinea pigs and dogs. This is the first known product containing testosterone.
1935	Testosterone is first isolated by Butenandt and Ruzicka who later earn a Nobel prize in chemistry.
World War II	German soldiers are given testosterone to improve performance.
1952	Russian Olympic team performs extremely well at its first games in Helsinki. Accusations are made of steroid use, especially by the wrestling team.
1953	The first anabolic steroid '19-nortestosterone' is synthesized. It has three to five times the muscle building effects of testosterone.
1954	At the world weightlifting championships in Vienna, a Soviet Union coach informs U.S. coach Dr. John Ziegler that the Soviet team was using testosterone. On returning home, Dr. Ziegler began using testosterone with his weightlifters.
1956	Dr Zigler and his labs, Ciba, start producing Dianabol, or methandorstenalone.
1964	International Olympic Committee releases first list of banned drugs. Steroids is not on it.
1975	International Olympic Committee banns Steroids in competition.
1980s	Steroids make a huge presence in America.
1988	Sale of anabolic steroids for non-medical purposes becomes illegal under a new Food and Drug Act provision, the 'Anti-Drug Abuse Act of 1988'.
1988	Ben Johnson, the Canadian sprinter who won the 100-meter race in the Summer Olympics, had his gold medal taken away when the steroid "stanozolol" was found in his urine.
Nov 29, 1990	Anabolic Steroids Control Act of 1990 is passed, making it illegal to sell or possess anabolic steroids without a prescription. This adds anabolic steroids to Schedule III of the Controlled Substance Act.

As you can see, steroids have come a long way just in the last 50 years or so. The thirties gave us our first testosterone isolation. The forties were a time of usage by the Europeans and Russians. The fifties were huge for the Americans because of Dr. Zigler and Ciba Labs. The sixties gave us a new breed of bodybuilders in the United States with the use of basic steroids like Dianabol, and Winstrol. The seventies let the bodybuilding scene become a huge front for the steroid revolution, everyone wanted to be like Arnold. In the eighties everybody and their dog started to use steroids. The nineties were a time of law and litigation for steroids, becoming a Class III Scheduled drug. Now we are in the new century and have a huge arsenal of gear to choose from.

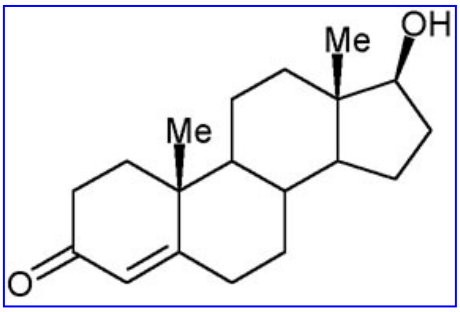
What to use and how to use it? That is the question we need to attempt to answer. Every person is different, and there is no right way for everyone. What may work for your friend, might not work for you. The most important thing any person can do is become informed in the area they are working in. For you that means, learn what the hell steroids are all about. We are going to start with the basic structure of Testosterone and work our way up to the juice we all know and love.

WHAT IS TESTOSTERONE?

Steroids are a synthetically manufactured form of testosterone. Therefore, if you want to learn about steroids, you better learn about testosterone itself first.

I am not going to bore you with all the lame shit you have read since you were in grade school. You know your body produces testosterone, namely in the Leydig's Cells in your balls. About 95% is done there. We produce 2.5-11 mg of testosterone per day for males and .25 mg per day for females, on average of course. The more testosterone we have the more protein synthesis happens in our bodies. This means your body can build muscle from the amino acids that are available. Normally we are limited to the amount of lean tissue we can synthesize by the amount of testosterone available, so it makes sense that the more testosterone we have the more muscle building capabilities we have right? Wrong! Actually it is much more complex than that. But basically we will start with the testosterone itself.

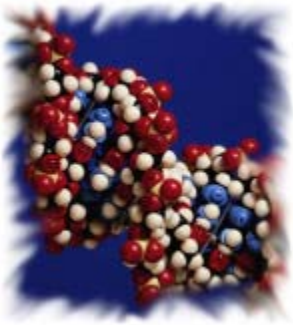
TESTOSTERONE



Testosterone is chemically represented to the right. This is in its natural form. In this form it is very short lived in our bodies. Its half-life can be as short as 3 or 4 hours. So, if you were to use this bad-boy as your anabolic "supplement" you would be jabbing yourself all day! No thanks! And don't think you could pass up the needle and go for the easy way out and swallow it, nope, won't work that way. Your body is efficient at breaking down testosterone before it even reaches circulation in the blood. Your liver does double time to filter out and break it down. It's kinda funny when you think about it, that last little bit of information is one of those things that sticks in every one's mind. You can ask almost anyone out there about "oral" steroids, and they will tell you that they are "bad on the liver". This is true, in most cases. There are some out there that are quite easy on the liver. We will go into that in a sec.

Since the testosterone structure is so short lived in the body in its raw form, chemists worked to find a form of it that would last longer. They came up with the steroids.

THERE ARE 2 MAIN KINDS OF STEROIDS:



Class-I, Esters) These are mostly the oil-based injectables. They work primarily by binding to and activating the androgen receptor, which then interacts with your DNA, sending out various signals to impact anabolism/anti-catabolism.

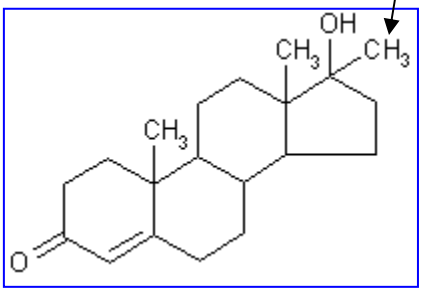
Class-II, Methylated) These are primarily 17 alpha-alkylated oral compounds. They, unlike their oil-based counterparts, do not bind well to the androgen receptor, and achieve their effects on growth/strength independent of this process, by binding to other types of receptors.

CLASS I - INJECTABLE STEROIDS (Esters)

Injectable steroids are basically testosterone with an ester attached to the 17 beta-hydroxyl group. What that gibberish means is that this alteration will make the testosterone last longer in our system before breakdown. Deca Durabolin (Nandrolone Decanoate) can stay traceable in our systems for over a year! Not that it will be giving results for a year though. This alteration also makes the testosterone more soluble in oil rather than in water.

When an ester is injected it forms a deposit called a “depot” (pronounced “deepo”) in the muscle tissue. This depot will slowly break down and enter the bloodstream. Some break down faster than others. An ester of Decanoate can take up to a month to break down, where as Propionate or Acetate only lasts days. The frequency of injections will usually reflect the breakdown time of the steroid (you would be injecting Propionate several times a week to keep constant elevated testosterone levels, where as injections of Nandrolone Decanoate would be less often).

CLASS II – ORAL STEROIDS (methylated)



Oral steroids differ from testosterone in that they usually have their hydrogen atom in the 17th alpha position replaced with a methyl group. This is done through a process called alkylation. What the hell does that mean? Well look at the pic of methyltestosterone at the right again, where the arrow is the difference. CH3 is the "methyl" group (represented by "me" in the original testosterone diagram). This form allows the new "steroid" to be resistant to breakdown by the liver. (Here is that part where you can recite that "orals" are bad on the liver! Ha!).

A caution must be made when using orals due to the fact that they must go through the liver. That added methyl group on the 17th alpha position cannot be removed by the liver too easily, so you have a lot of stress happening. Oral steroids usually give quick results, which is the reason most people will have an oral like Dianabol, or Norethandrolone (Nilevar) in their cycle at the beginning.

Chemists created forms of orals that did not put as much stress upon the liver as the alkylated steroids. Some examples of these are Primobolan, Proviron, Andriol, and Anabolicum Vistor. I am not going to bore you with the methods they used to create these types, you can get a textbook for that. They are much less resistant to breakdown than the 17 alpha alkylated steroids, but produce much less bang for the buck. Basically you're going to get smaller gains from safer drugs.

WHAT KIND DO I TAKE?

What kind to take? Well, that depends on what you want. Generally taking orals will be quicker results. There is nothing like a Dianabol strength and size gain in a short time. But the risks are higher. Deca can provide more long lasting and consistent results, but will take longer initially to start seeing results. Many people will start with an array of quick acting and long acting steroids, like a deca and dbol stack. The dbol will give immediate strength gains and size (usually plenty of water retention) while the deca is slowly getting into the system and doing its work. This is the art of stacking. There are a million ways to stack, and you need to find what works with you the best by trial and error.

Here I will list some of the most common stacks in 8 week cycles. I wouldn't recommend going more than 12 weeks on per cycle. It is better to play it safe than sorry. These use relatively safe combinations of low and high androgens.

8 WEEK CYCLE - BEGINNER

Beginners start with a simple mass stack. It is not a lot on the pocketbook and will produce some quality gains. Anywhere from 10-30 lbs is not uncommon in the novice user, as long as you are eating and lifting right (those are whole other books though!).

This 8 week cycle uses Deca Durabolin (100mg/ml) tapering up and then down throughout the 8 weeks. We do the classic stack with Dianabol. This stack has been around forever, for good reason…. IT WORKS! The Dianabol kicks in right out of the gate and then after a couple of weeks the Deca will start taking hold! In the last 2 weeks we get our nuts rolling again, a nice safety precaution. For first timers it probably won't be a problem, but using Human Corionic Gonadotropin helps us force our testes to start working again,

bringing up our natural production of testosterone, so we will hold on to as much of our gains as possible. Because, remember, if our testosterone levels are higher we gain or maintain a higher amount of muscle tissue. If we let our testosterone levels drop at the end when we are tapering and our natural production of testosterone doesn't kick into high gear right away we end up losing a huge chunk of the weight we worked hard to get! So use your hcg!

8 Week Beginner Mass	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
1	100mg/Deca 20mg/Dbol	20mg/Dbol	20mg/Dbol	20mg/Dbol	20mg/Dbol	20mg/Dbol	20mg/Dbol
2	100mg/Deca 20mg/dbol	20mg/Dbol	20mg/Dbol	20mg/Dbol	20mg/Dbol	20mg/Dbol	20mg/Dbol
3	200mg/Deca 25mg/dbol	25mg/Dbol	25mg/Dbol	25mg/Dbol	25mg/Dbol	25mg/Dbol	25mg/Dbol
4	300mg/Deca 25mg/dbol	25mg/Dbol	25mg/Dbol	25mg/Dbol	25mg/Dbol	25mg/Dbol	25mg/Dbol
5	200mg/Deca 20mg/Dbol	20mg/Dbol	20mg/Dbol	20mg/Dbol	20mg/Dbol	20mg/Dbol	20mg/Dbol
6	100mg/Deca 15mg/Dbol	15mg/Dbol	15mg/Dbol	15mg/Dbol	15mg/Dbol	15mg/Dbol	15mg/Dbol
7	100mg/Deca			5000iu/HCG			
8	100mg/Deca			5000iu/HCG			

Totals:

Dianabol (Methandrostenolone)

- 700mg

Deca Durabolin (Nandrolone Decanoate)

- 1200mg

Human Corionic Gonadotropin (HCG)

- 10,000 I.U.

8 WEEK CYCLE – INTERMEDIATE

Here we are going to use a combination of Deca and Dbol again, but at a slightly higher dosage. We are also bringing in the use of Sustanon. Sustanon stacks well with just about anything, being a combination of 4 different testosterones (see description), it allows you to see immediate and long term results. Also we are going to play it safe by bringing in the anti-estrogen Nolvadex at week 3. This is a precautionary measure to prevent any possible side effects like gynocomastia and edema. Of course we are using HCG again in the last 2 weeks to rekick in them nuts!

8 week Intermediate Mass	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
1	250mg/Sust 200mg/Deca 20mg/Dbol	20mg/Dbol	20mg/Dbol	20mg/Dbol	20mg/Dbol	20mg/Dbol	20mg/Dbol
2	250mg/Sust 200mg/Deca 25mg/dbol	25mg/Dbol	25mg/Dbol	25mg/Dbol	25mg/Dbol	25mg/Dbol	25mg/Dbol
3	250mg/Sust 300mg/Deca 30mg/dbol 10mg/Nolvadex	30mg/Dbol 10mg/Nolvadex	30mg/Dbol 10mg/Nolvadex	30mg/Dbol 10mg/Nolvadex	30mg/Dbol 10mg/Nolvadex	30mg/Dbol 10mg/Nolvadex	30mg/Dbol 10mg/Nolvadex
4	500mg/Sust 400mg/Deca 30mg/Dbol 20mg/Nolvadex	30mg/Dbol 20mg/Nolvadex	30mg/Dbol 20mg/Nolvadex	30mg/Dbol 20mg/Nolvadex	30mg/Dbol 20mg/Nolvadex	30mg/Dbol 20mg/Nolvadex	30mg/Dbol 20mg/Nolvadex
5	500mg/Sust 300mg/Deca 25mg/Dbol 20mg/Nolvadex	25mg/Dbol 20mg/Nolvadex	25mg/Dbol 20mg/Nolvadex	25mg/Dbol 20mg/Nolvadex	25mg/Dbol 20mg/Nolvadex	25mg/Dbol 20mg/Nolvadex	25mg/Dbol 20mg/Nolvadex
6	250mg/Sust 200mg/Deca 20mg/Dbol 20mg/Nolvadex	20mg/Dbol 20mg/Nolvadex	20mg/Dbol 20mg/Nolvadex	20mg/Dbol 20mg/Nolvadex	20mg/Dbol 20mg/Nolvadex	20mg/Dbol 20mg/Nolvadex	20mg/Dbol 20mg/Nolvadex
7	250mg/Sust 200mg/Deca 20mg/Nolvadex	20mg/Nolvadex	20mg/Nolvadex	5000iu/HCG 20mg/Nolvadex	20mg/Nolvadex	20mg/Nolvadex	20mg/Nolvadex
8	100mg/Deca 10mg/Nolvadex	10mg/Nolvadex	10mg/Nolvadex	5000iu/HCG 10mg/Nolvadex	10mg/Nolvadex	10mg/Nolvadex	10mg/Nolvadex

Totals:

Dianabol (Methandrostenolone)

- 1,190mg

Deca Durabolin (Nandrolone Decanoate)

- 1,900mg

Sustanon

- 2,250mg

Nolvadex

- 700mg

Human Corionic Gonadotropin (HCG)

- 10,000 I.U.

8 WEEK CYCLE – ADVANCED (The Pizza Pie)

Here is a cycle that has a little of everything in it (hence the name “Pizza Pie”). We hit heavy and hard right at the beginning while our receptor sites are fresh. At the receptor sites begin to become saturated (at about 3-4 weeks) the heavy androgens are replaced with lower toxicity steroids.

We are starting with Dianabol, Equipoise (boldenone undecylenate), Oxymethalone (i.e. Anadrol 50), and Sustanon 250. In Week 3 we bring in Deca Durabolin while the Dianabol tapers off. We progress at week 4 to dropping the Oxymethalone and replacing it with Anavar, which is known for its safety and inability to aromatize.

This cycle requires a good source, due to you needing 8 different items. After a heavy cycle like this it is recommended to take 6 weeks or more off. You MUST use the precautionary Nolvadex, Clomid, and HCG or you are stupid. Don’t risk it. You will be devastated if you lose your precious muscle you watched get put on.

8 week Advanced Mass	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
1	250mg/Sust 50mg/Oxy 20mg/Dbol 10mg/Nolvadex	50mg/Oxy 20mg/Dbol 10mg/Nolvadex	50mg/Oxy 20mg/Dbol 10mg/Nolvadex	200mg/Eq 50mg/Oxy 20mg/Dbol 10mg/Nolvadex	50mg/Oxy 20mg/Dbol 10mg/Nolvadex	50mg/Oxy 20mg/Dbol 10mg/Nolvadex	50mg/Oxy 20mg/Dbol 10mg/Nolvadex
2	250mg/Sust 50mg/Oxy 25mg/Dbol 10mg/Nolvadex	50mg/Oxy 25mg/Dbol 10mg/Nolvadex	50mg/Oxy 25mg/Dbol 10mg/Nolvadex	200mg/Eq 50mg/Oxy 25mg/Dbol 10mg/Nolvadex	50mg/Oxy 25mg/Dbol 10mg/Nolvadex	50mg/Oxy 25mg/Dbol 10mg/Nolvadex	50mg/Oxy 25mg/Dbol 10mg/Nolvadex
3	500mg/Sust 50mg/Oxy 15mg/dbol 10mg/Nolvadex	50mg/Oxy 15mg/Dbol 20mg/Nolvadex	50mg/Oxy 15mg/Dbol 10mg/Nolvadex	200mg/Eq 400mg/Deca 50mg/Oxy 15mg/Dbol 10mg/Nolvadex	50mg/Oxy 15mg/Dbol 10mg/Nolvadex	50mg/Oxy 15mg/Dbol 10mg/Nolvadex	50mg/Oxy 15mg/Dbol 10mg/Nolvadex
4	400mg/Deca 500mg/Sust 30mg/Anavar 10mg/Dbol 20mg/Nolvadex	30mg/Anavar 10mg/Dbol 20mg/Nolvadex	30mg/Anavar 10mg/Dbol 20mg/Nolvadex	30mg/Anavar 10mg/Dbol 20mg/Nolvadex	30mg/Anavar 10mg/Dbol 20mg/Nolvadex	30mg/Anavar 10mg/Dbol 20mg/Nolvadex	30mg/Anavar 10mg/Dbol 20mg/Nolvadex
5	400mg/Deca 250mg/Sust 30mg/Anavar 20mg/Nolvadex	30mg/Anavar 20mg/Nolvadex	30mg/Anavar 20mg/Nolvadex	30mg/Anavar 20mg/Nolvadex	30mg/Anavar 20mg/Nolvadex	30mg/Anavar 20mg/Nolvadex	30mg/Anavar 20mg/Nolvadex
6	200mg/Deca 250mg/Sust 50mg/Anavar 20mg/Nolvadex 50mg/Clomid	50mg/Anavar 20mg/Nolvadex 50mg/Clomid	50mg/Anavar 20mg/Nolvadex 50mg/Clomid	10,000iu/HCG 50mg/Anavar 20mg/Nolvadex 50mg/Clomid	50mg/Anavar 20mg/Nolvadex 50mg/Clomid	50mg/Anavar 20mg/Nolvadex 50mg/Clomid	50mg/Anavar 20mg/Nolvadex 50mg/Clomid
7	200mg/Deca 50mg/Anavar 20mg/Nolvadex 100mg/Clomid	50mg/Anavar 20mg/Nolvadex 100mg/Clomid	50mg/Anavar 20mg/Nolvadex 100mg/Clomid	5000iu/HCG 50mg/Anavar 20mg/Nolvadex 100mg/Clomid	50mg/Anavar 20mg/Nolvadex 100mg/Clomid	50mg/Anavar 20mg/Nolvadex 100mg/Clomid	50mg/Anavar 20mg/Nolvadex 100mg/Clomid
8	100mg/Deca 20mg/Anavar 10mg/Nolvadex 100mg/Clomid	20mg/Anavar 10mg/Nolvadex 100mg/Clomid	20mg/Anavar 10mg/Nolvadex 100mg/Clomid	5000iu/HCG 20mg/Anavar 10mg/Nolvadex 100mg/Clomid	20mg/Anavar 10mg/Nolvadex 100mg/Clomid	20mg/Anavar 10mg/Nolvadex 100mg/Clomid	20mg/Anavar 10mg/Nolvadex 100mg/Clomid

Totals:

Sustanon

- **2,000mg**

Oxymethalone

- **1,050mg**

Dianabol

- **490mg**

Nolvadex

- **840mg**

Equipoise

- **600mg**

Deca Durabolin

- **1,600mg**

Equipoise

- **600mg**

Nolvadex

- **700mg**

Clomid

- **1,750mg**

Human Corionic Gonadotropin (HCG)

- **10,000 I.U.**

INJECTING – DON'T BE STUPID!

Ok, you're not stupid, but sometimes people do some stupid things. All injectable steroids are to be injected intramuscularly. This means in the muscle, NOT the veins. You could die if it goes directly in the vein. Always use an sterile alcohol swab to clean the site and the top of your vial (if using a vial) before injecting.

☑ Use a 1.5" needle if possible. DO NOT use an insulin needle or anything under 1.25". If the injection is not deep enough it will sit in the subcutaneous area below the skin and not be properly absorbed. This is one of the main causes of abscess along with unsterility. You DO NOT want an abscess! Look to the right >>>>>

☑ Always use a sharp needle and, if possible, draw from the vial with one needle tip and then replace it with another to inject. You tend to dull the tip when going through silicon, or touching the bottom of a glass vial. It hurts like a bitch when you use a dull needle.

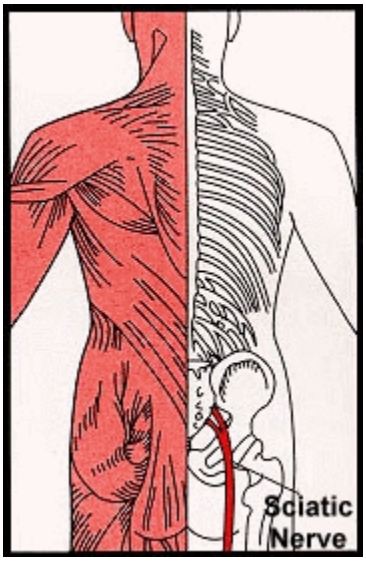
☑ When you draw from a vial, make sure that you are replacing the liquid you take out with a larger amount of air. So if you are drawing 2ml of Deca, you will want to make sure your syringe has 2.5cc of air in it. When you insert the needle push the air in, and it makes it much easier to draw out the liquid. You will be dealing with a vacuum if you do not do this, and you will be sitting there for a half an hour waiting for your syringe to fill up.

☑ Remove all major air bubbles. Don't worry about the tiny ones, you are injecting intramuscularly, not intravascularly! There are always little ones that you can't quite get.

☑ Always aspirate when you have inserted the needle the full depth. This means pull out on the plunger to see if you have hit a blood vessel, vein, or artery. If you see red in the syringe pull out, put on a new tip, and re-stab yourself.

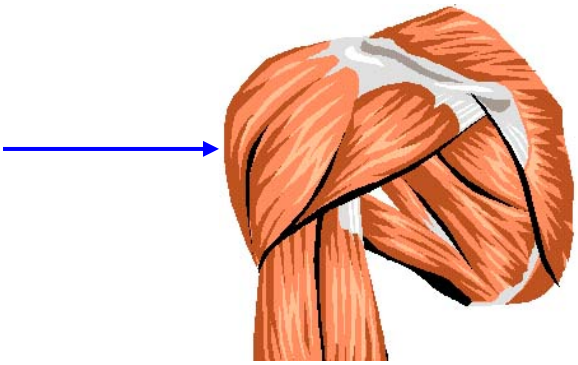
☑ Inject as shown in the following:

Gluteus Medius – in the upper/outer quadrant of your glutes. This area does not have many nerves or blood vessels. You do have to watch for the sciatic nerve though. The sciatic nerve is actually a cluster of nerves that run from the lower back in the buttock area down the back of the leg. You will know if you have hit this if you fly through the roof! Temporary paralysis will occur usually but no need to fret, in a couple of hours you should be good as new. Always aspirate before injecting. We don't want to fire a shitload of testosterone into our veins, or arteries now do we? Hell no!



Vastus Lateralis – a good way to figure this on out is to touch your middle finger to the outer side of your kneecap and stretch your thumb up as high as you can on the outside of your thigh. This is probably pretty close to where you need to inject. Do not inject in the inner thigh as there is many more nerves and vessels. And ASPIRATE!

Deltiods – I personally do not like firing up in the delts. If you alternate between both glutes, and both thighs that should be able sustain you. If you need to inject in the deltoids make sure you use the fattest part of the shoulder belly. If you do not have large deltoids do not inject here.



Site Injections – Some people like to inject into the biceps, triceps and smaller muscle groups because they think it is going to make the local muscles grow faster. This is total bullshit, the only growth you will get is a temporary inflammation that may swell slightly, until the depot is dispersed. There is no physical way for the local muscles to grow by site injecting.

The use of an oil, like synthol, to increase muscle size in a certain area is possible. Synthol is an fatty acid, a synthetic posing oil. This product works by becoming encapsulated between the bundles of muscle fibers in lumps called “bolus”. Approximately 30% of the synthol will be broken down and metabolized like normal fat. The remaining 70% will be slowly broken down over the course of the next 3-5 years.

If this is accidentally injected into a vein or artery, synthol can cause death by transporting to the lungs and causing a pulmonary embolism, or cause a stroke by clotting in the blood. You must inject smaller amounts (1ml), daily over the course of weeks and weeks to be safe and have a realistic look. Look at the idiot on this page, this is what you will look like if you do it wrong!

SIDE EFFECTS

The side effects I list here are always a possibility when using steroids. Honestly, you will probably not have a problem unless you are prone to the problem in the first place or abuse the dosages and time of use on the steroids. Most informed and educated bodybuilders can use steroids for many, many years with no adverse side effects except getting bigger and stronger. It's the idiots that take massive amounts for an extremely long period of time that see the side effects below. Taking precautionary drugs are important but not always necessary. I like to use the old saying "It's better to be safe than have bitch tits!". Ha! Speaking of which lets roll right into that….

GYNOCOMASTIA

Gynecomastia is a medical term that comes from the Greek words for "woman - like breasts." This is also known as "Bitch Tits". Probably one of the most common side effects people know about when you talk of the negatives of steroids. The enlarged breast tissues can consist of fat, gland or a combination. The gland can be a solid button or small fingers spreading into the chest fat. This can usually be prevented by using an estrogen blocker of some sort like Nolvadex.

Surgery for gynocomastia is quite expensive and painful. Normally you will pay about $2,000-$4,000 to have the tissue removed and follow up. Here are some graphic pictures to give you an idea of what you'll go through in the operation.

BALDNESS

Some steroids can convert to DHT (dihydrotestosterone) easier than others. DHT is what causes male pattern baldness. If you are going to be bald anyways, this will speed up the process. Steroids themselves do not cause the baldness. The way I look at it is if you are prone to being bald then you have something to worry about here. If not, then don't worry about it.

SKIN PROBLEMS

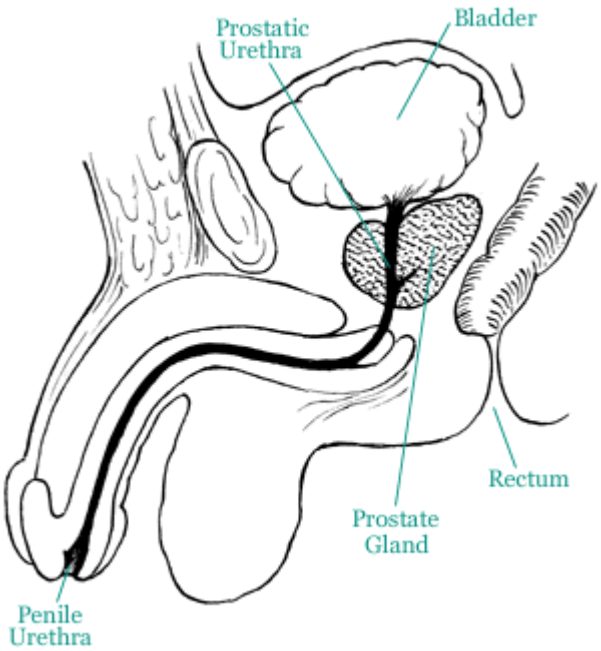
Acne is common with steroid use. Every person differs slightly. With women the pores become larger and is more noticeable due to the fact that women tend to have smoother skin to start with. If you have a pre-existing acne, it will be likely you'll advance the acne.

Stretch Marks

These are pretty self explanatory here. You get stretch marks from rapid growth of the muscle, and the skin does not have time to adapt and stretch. Scar tissue forms in what you see as the stretch mark. Usually these can be seen in the chest and around the butt.

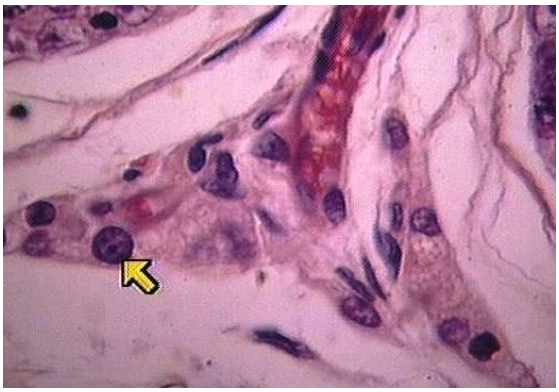
ENLARGED PROSTATE

An enlargement of the prostate called “Prostatitis” can happen when This walnut-sized gland is located just below the bladder and supplies the milky white fluid to the semen. The urethra, the tube that connects the bladder to the penis, runs right through the center of the prostate (see illustration). This is a fine location until the prostate gets bigger, which causes a pinching of the urethra and reducing the flow of urine--creating problems that range from annoying discomfort to excruciating pain. You’ll be standing there for an hour waiting to take a piss when you have prostatitis.



TESTICULAR ATROPHY

Your balls WILL shrink if you use steroids for any prolonged amount of time. Plain and simple. If you look at your balls and how they work, producing testosterone, they atrophy from disuse. That means they shrink because they are not being used. Like an arm in a cast, when you get the cast off the arm is much smaller because it was not used during the time you had the cast on. This is a fucked up picture but who cares! You get the point don’t you? The ball on the left is normal the one on the right is atrophied from lack of stimulus (lutenizing hormone). Kick start drugs like Human Corionic Gonadotropin, and Clomiphene Citrate (Clomid) force the pituitary gland to produce lutenizing hormone which, in turn, force the leydig cells to start producing testosterone again. This is why you see drugs like HCG and Clomid at the end of any serious steroid cycle.



If you are injecting a steroid into your body you are artificially producing your testosterone. Your body has a natural homeostasis (balance) it likes to stay at hormonally. If testosterone levels jump higher than normal then your body responds by decreasing some of the hormones usually used to produce testosterone. The anterior pituitary gland produces lutenizing hormone which tell the leydig cells (see slide and yellow arrow to the right) in our balls to produce testosterone. Kinda like providing electricity to a t.v., it won't work without it. If your body senses that the testosterone levels are higher than normal, lutenizing hormone production decreases until the testosterone levels come back down to normal. If you are jamming a shitload of testosterone into your body for a long amount of time your LH levels never go up and your balls are sitting down there starving and withering down to raisins!

OTHER POSSIBLE EFFECTS

- Temper
- Water retention
- Muscle cramps
- Decreased immune system functionality
- Increased risk of cardiovascular disease
- Aching joints
- Increased risk of muscle tears
- Increased risk of tendon injury
- Insomnia

FOR WOMEN

- Increased risk of cervical and endometrial cancer
- Increased risk of osteoporosis
- Irreversible enlargement of the clitoris
- Irreversible hoarsening and deepening of the voice
- Irreversible increase in facial and body hair
- Decreased breast size
- Amenorrhea
- Uterine atrophy

DETECTION TIMES OF ANABOLIC STEROIDS

18 months	Nandrolone Decanoate (Deca Durabolin)
12 months	Nandrolone Phenylpropionate
5 months	Boldenone Undecyclate (Equipoise) Methenolone Enanthate (Primobolan) Trenbolone (Finaject) Trenbolone Acetate Injectable Methandienone (Dianabol)
3 months	Testosterone-mix (Sustanon & Omnadren) Testosterone Enanthate Testosterone Cypionate
2 months	Oxymetholone (Anadrol & Anapolan) Fluoxymesterone (Halotestin) Indictable Stanozolol (Winstrol) Formebolone Drostanolone Propionate (Masteron)
5 weeks	Methandienone (Dianabol) Mesterolone (Proviron) Ethylestrenole Noretadrolone (Nilevar)
3 weeks	Oxandrolone (Anavar) Oral Stanozolol (Winstrol)
2 weeks	Testosterone Propionate
1 weeks	Testosterone Undecanoate (Andriol)
4 days	Clenbuterol Ephedrine Hydrochloride

MAKING FINA, THE RIGHT WAY!

Haven't you ever wanted to save some money, and be able to make your steroids at the same time? Well, maybe not, but you can. A lot of people are doing it right now too! It called the Finaplix conversion. It is quite simple actually. I will explain step by step.

WHAT THE HELL IS "FINA" ANYWAYS?

Fina is short for Finaplix. In it, trenbolone acetate is the active ingredient that we are shooting for. Trenbolone is a very potent Class I steroid that has a short half life, around 2-3 days. Finaplix is a pelleted form of trenbolone acetate produced as an implant for cattle. Finaplix and finaject were both veterinarian versions of trenbolone acetate, with finaject being an injectable. Unfortunately finaject was discontinued in 1987. This is the most popular home brew steroid because of how easy it is to and get. The pricing is also a draw for any strapped gearhead ($30-$50/cart)(2000 mg).

There are 2 traditional methods for using finaplix, DMSO and injectable. DMSO makes your breath smell horrible and this is not the method we will cover here. Creating or obtaining a sterile solution is a must. This is not an option, if you are unsure of your source of Fina, do not buy it. Abcess' and infections are not pretty. Reference earlier in this book to see what an abcess looks like!

The alternative to the often unsterile finaplix is parabolan, a longer acting trenbolone (trenbolone as a hexahydrobencylcarbonate). Unfortunately parabolan has a high price tag due to its unavailability.

Trenbolone provides quality gains, especially in strength. The weight gain is predominantly muscle and not fat, or water which is typical with other steroids, because of its virtual inability to aromatize and convert to estrogen. Of course the gains is not going to be comparable to dianabol or anything, but the gains you do get are going to be much more maintainable afterwards.

Anger is often associated with trenbolone, every person is different but most will agree you will be more likely to rip someone's head off while on finaplix.

QUICK TIPS:

- **Only purchase from a reputable dealer if you are not making this yourself.**
- **Stack finapix with pretty much anything.**
- **Clean every surface possible with alcohol prior to administering (you should be doing this anyways).**

DOSAGE:

- **Depending on previous use, I would recommend 20-40 mg every 3rd day.**
- **For advanced users 40-100 mg every 3rd day.**

MAKING YOUR OWN FINA:

- **The following are 2 methods to making fina, I take no credit for doing these and take no responsibility for anyone that does anything resembling this.**

METHOD #1

4g Finakits Conversion

This is a finakits 4g kit. 2 finaplix-h carts.

Here are the materials required:

- **Alcohol and paper towels**
- **1 small marble**
- **Clean the marble with the alcohol**
- **1 piece of wire cut from clothes hanger**
- **You also need a smaller syringe needle**

METHOD #1 STEP 1

Open the fina carts, use the wire to push the pellets into the 'magic' solution (usually benzyl alcohol).

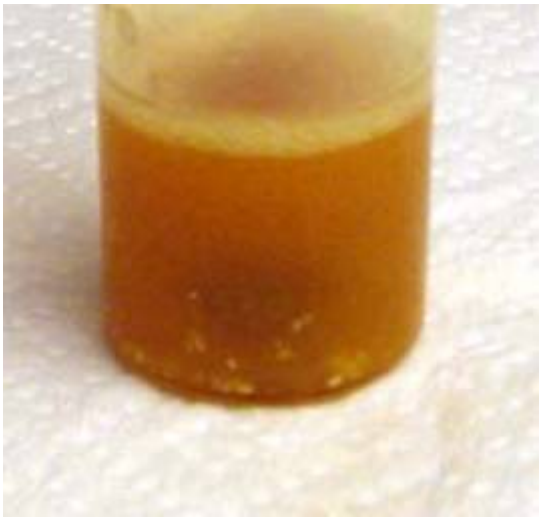
METHOD #1 STEP 2

Then drop in the marble and tighten the cap on the bottle.
It looks like this:

Shake *gently* for 20 min.

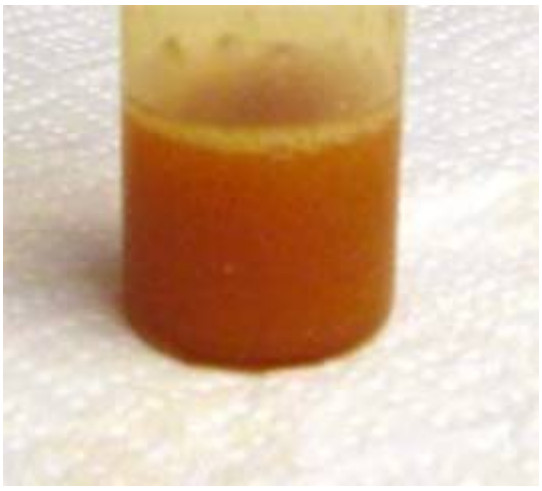
This what it looks like after the first 4 minutes.

And after 6 minutes.



At this point you can shake very slowly and easily.

Here is what it looks like after 20 minutes.



METHOD #1 STEP 3

Now pour some oil into this bottle. It won't all fit and that is OK. Don't over fill it. (If you're doing a 2g kit the oil *will* fit. *Don't* pour it all in. Save about 5 ml.)

METHOD #1 STEP 4

Put the cap back on tight. Shake it up for a minute.

It'll look like this.

METHOD #1 STEP 5

Now, put it in a pan of cold water (tap water). Put it on the stove and heat it up.

When it gets to almost boiling, turn off the stove.

When mine got almost to boiling the bottle started to jump around!

It doesn't hurts if the water boils a little. Keep the cap on tight!

Take it off the stove and hide it.

If you're in a hurry you might just let it cool in the pan and then do the next part (I did that once, it comes out a little cloudy). I stuck mine behind some books on a shelf for 24 hours.

The next day:

Make a pan of hot water. Not so hot you'll burn yourself, but really warm (coffee hot).

Put the vial in the water. Let it warm up.
Also put the other bottle with the unused oil into the water.

METHOD #1 STEP 6

Use one of the large needles, and the 10 cc syringe, to draw some oil off the top of the solution.

METHOD #1 STEP 7

Put one of the cannons (18 g needle) into the Sterile vial.

Attach the filter to it. Also put a smaller needle into the sterile vial.

Attach the 10 cc syringe to the filter and push the oil through.

METHOD #1 STEP 8

Repeat until you can't reach far enough into the vial to get the oil.

Change to the 5 cc syringe and get almost all the oil and push it through the filter.

It should be pretty easy. About a pound of pressure will produce a continuous stream of drops through the filter.

Then, using the 5cc syringe, get the unused oil and push it through the filter. This is what you end up with:

Note that I left a small amount of oil on top of the gunk at the bottom.

METHOD #1 STEP 9

Pop it into the oven, at 250 for 45 min. and you're done (be sure your oven is actually at 250, the dial on an older oven might be wrong).

Put it on a piece of paper towel on a cookie sheet.

Note: A pin wasn't used to vent the vial in this experiment.
It is a good idea to use one.

Make sure it when sticking the pin in the vial, not to go so far as to let it touch the juice. If it does, the pressure created by the heat will push the juice out of the vial.

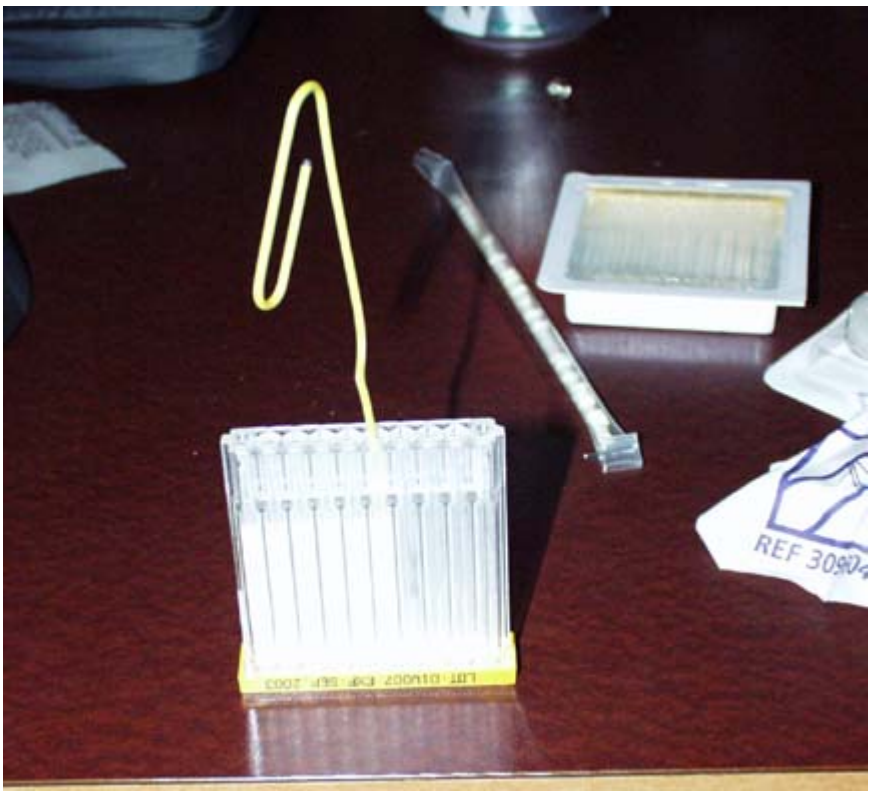
METHOD #2

A much more detailed method

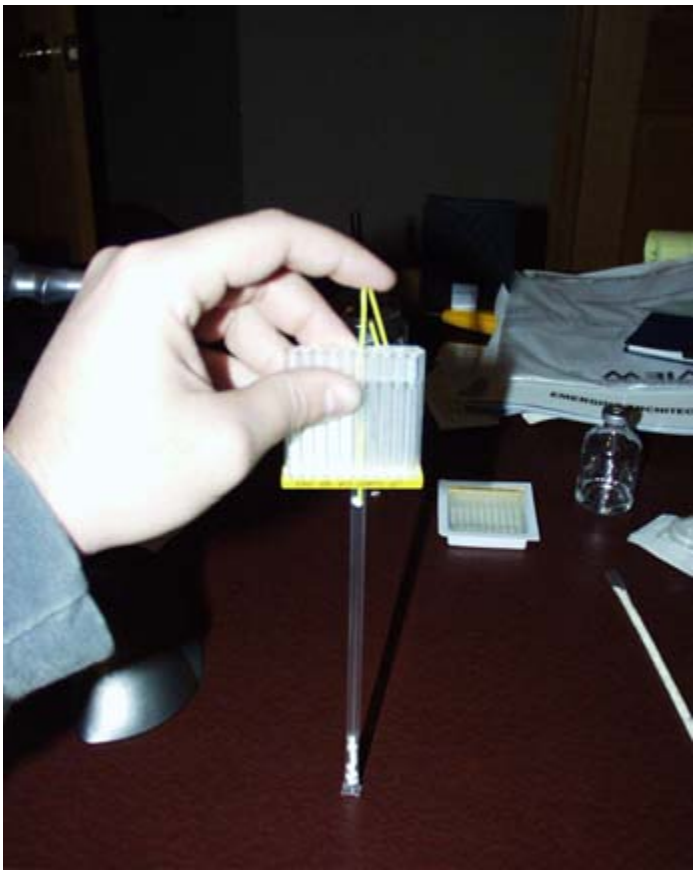
First, a picture from the kit I bought, the 2 carts of Finaplix, and a yellow paperclip

METHOD #2 STEP 1

The first step is to get the Finaplix tabs out of the cart. I used the yellow paperclip to press them out row by row. I put them into a straw with one end stapled together, so I could crush them up



Here is a photo of me pushing the pellets into the straw with the bottom end folded and stapled



METHOD #2 STEP 2

I put the pellets into the straw so I could break them down with a hammer into more of a powder. I did this to help them dissolve in the magic solution more quickly. Note that it took very little force with the hammer... I barely tapped the pellets in the straw, and they began breaking down. If you hit the straw too hard, you will put a crack in it, and fina dust will go everywhere.

METHOD #2 STEP 3

Sometime before you crush up too many pellets, you might want to take the aluminum cap off your bottle of magic solution, and remove the rubber stopper.

It looks like this once aluminum is removed... I had to cut it off with a scissors.

METHOD #2 STEP 4

Here I am pouring the crushed pellets into the vial of magic solution. After pouring both carts into the vial... I will wait 24 hours for it to dissolve.

Here it is immediately after putting all the crushed Finaplix in, and re-inserting the rubber stopper.

The mixture 10 minutes later.

Another view, 20 minutes after mixing pellets and magic solution. The mixture is getting very "thick" like syrup. I keep swirling the bottle around to help it dissolve... its getting there... the pellets are supposed to COMPLETELY dissolve before going to the next step.

After all pellets are dissolved. in the hot water bath, note that the color of the mixture changed from a golden to a dark brown.

METHOD #2 STEP 5

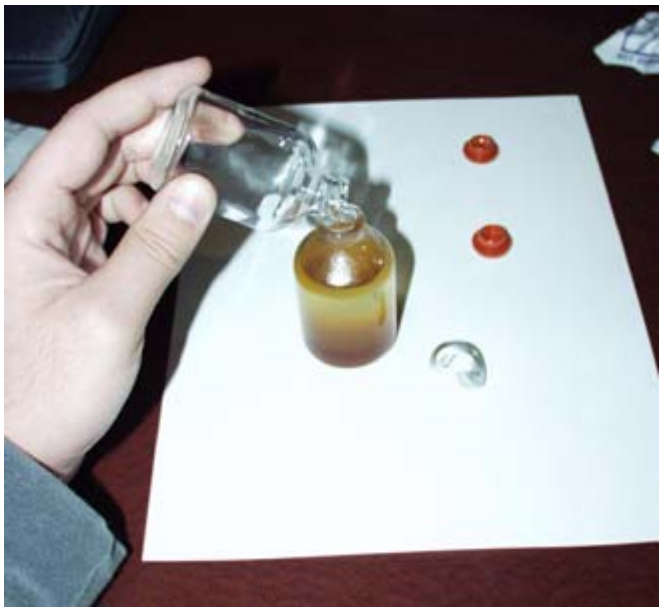
Now I am taking 2cc's out of the "oil vial" with the 5cc syringe. Once you remove the oil, set the syringe aside until later.

A pic of the "magic solution vial" with the dissolved fina pellets, the oil vial, and the syringe with 2cc's of oil for later.

METHOD #2 STEP 6

Then next step requires you to pour the remaining oil into the vial with the dissolved fina pellets. To do this, you must remove the aluminum cap as shown.

Pouring the oil into the fina solution vial.



METHOD #2 STEP 7

Place the rubber stopper back on the bottle and shake vigorously. This ensures that the fina solution and oil mix together well.

Now bring the pot of water to a boil WITHOUT the fina/oil solution in it.

METHOD #2 STEP 8

Once the water has come to a hard boil... take it OFF the BURNER, uncork the fina/oil vial and put it in the hot water for 20 minutes.

After letting the mixture sit in a cabinet for 8 hours, this is what it looks like. There is still a lot of settling left to do, so I will let it sit another 8 hours.

So, after waiting 12 hours for the sediment to settle at the bottom of the bottle, I could wait no longer. I had a good amount of sediment, but it was halfway up the bottle, which meant I needed to filter the sediment with the coffee filter. The first step was to "decant" the clear tren out of the bottle by siphoning it off the top with the 10cc syringe and an 18 gauge needle. Because I am going to filter it with the coffee filter, I am pouring everything back into the jar that came with the oil. NOTE I AM NOT using the sterile bottle... that is kept for the final product. Here is a picture of the syringe, the empty oil bottle, and the mixture.

METHOD #2 STEP 9

This process begins by CAREFULLY siphoning the clear liquid out of the bottle. Note that the needle will not ever dip into the solution near the sediment. I am trying to keep sediment out of the syringe.

After getting a full syringe, I transferred the clear tren into the oil bottle directly. I did this until it was impossible to get any more tren without sucking up sediment... Be gentile and patient during this step.

This photo shows about how much tren I got out of the mixed bottle before I had to use the coffee filter. Note that there is still about 1/4" of clear tren above the sediment. It was next to impossible to get this out without sucking the sediment into the syringe... the rest of this bottle will be poured through the coffee filter.

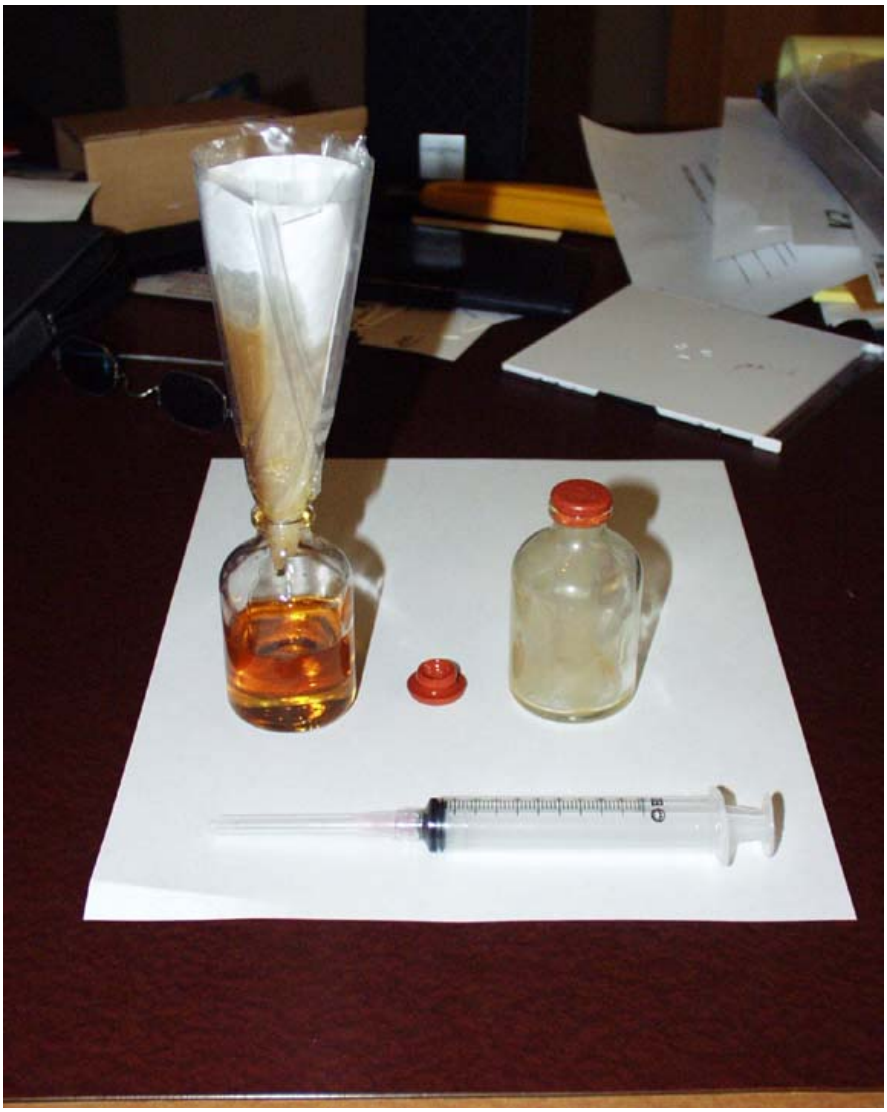
METHOD #2 STEP 10

I made my own coffee filter/funnel in this way: 1) I took a cone shaped coffee filter and folded it until I got the shape you see in the picture. I then stapled it together at the top, so it would hold its shape. NOTE: be sure that when you staple, you are actually going to pour the liquid THROUGH the filter, not through a hole you made by folding it... pay attention here. 2) after making the right size filter to fit into the bottle top, I took a plastic baggie, and cut a small hole in the bottom corner so that the filter would poke through it. I then wrapped the filter with the baggie, and stapled the two together at the top... this way the oil that passes through the filter paper will not leak out all over. It will be funneled into the bottle.

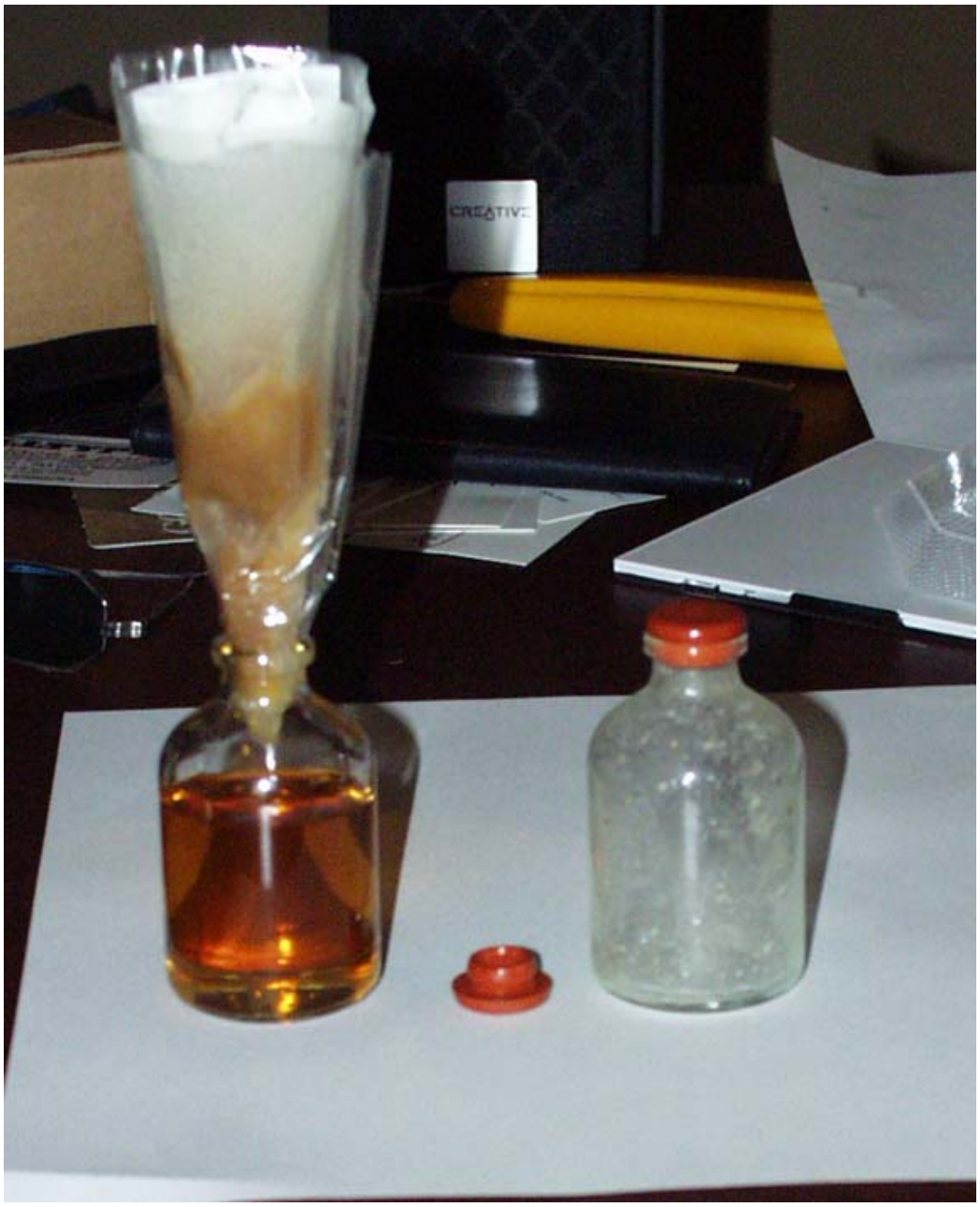
METHOD #2 STEP 11

Here I am about to pour the entire contents of the mixture bottle into the top of the filter. Its a good idea to keep a free hand on the filter so it does not fall out of the bottle while doing this. The sediment is relatively heavy.

When the entire contents (sediment and all) of the mixture is added into the funnel, if you have done everything right, a lot more tren will be dripping free of sediment into your oil bottle.



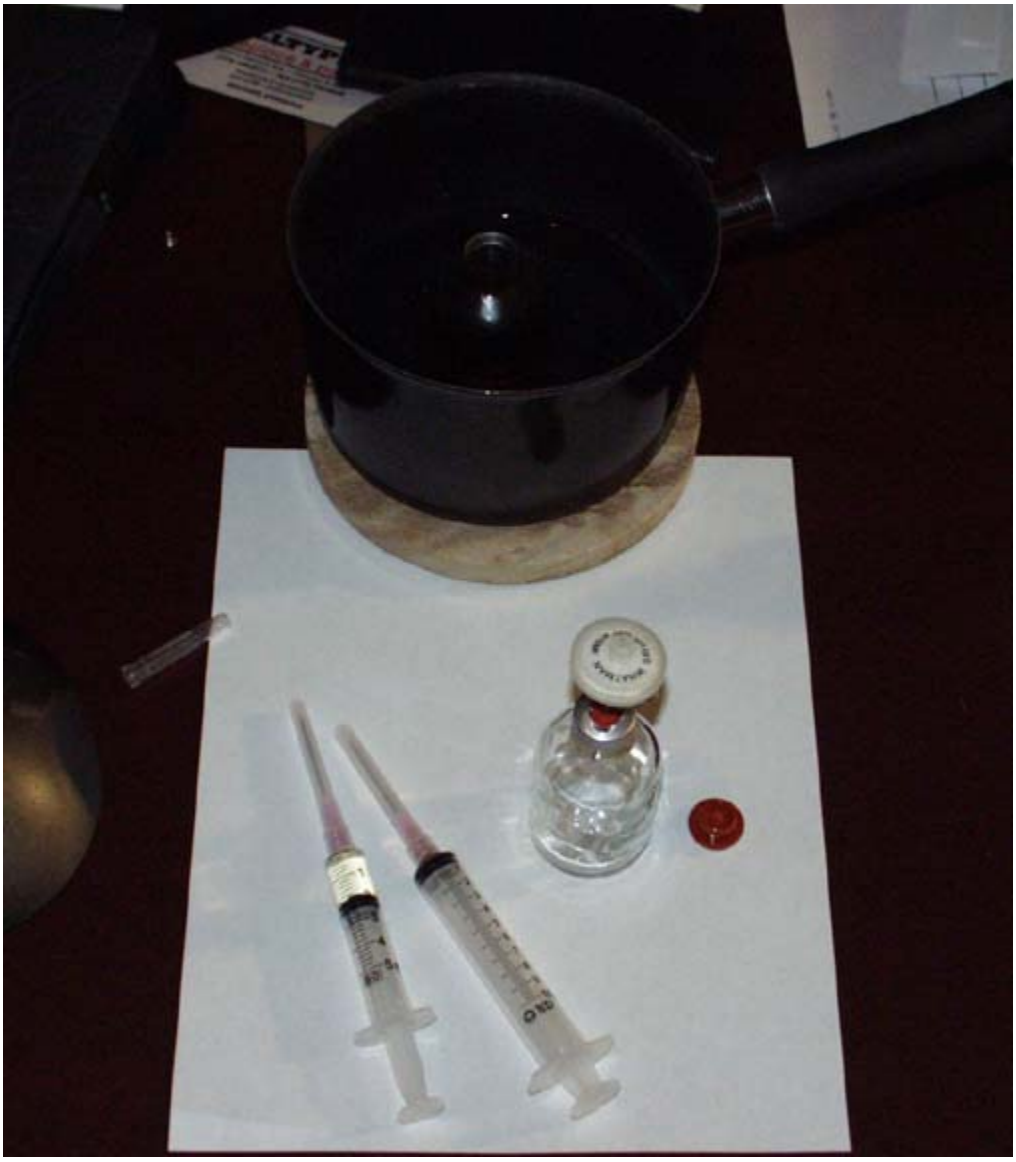
After 30 minutes of dripping, it stopped, and seemed to need a little encouragement. I GENTLY rolled my fingers from the top of the filter down and helped one or two more cc's drip out.



A close up picture of how much tren has dripped through in 30 minutes.

METHOD #2 STEP 12

The next thing that I do, is bring a pot of water to a hard boil, take it off the burner, and put the UNCORKED bottle of tren inside of it to warm the tren up. I am doing this to warm up the oil, to make it thinner, so that it will pass through the "Whatman" syringe filter easier. Here is my setup. I have the pot of hot water on my desk (on a thermal pad), with the tren inside warming up. I have the STERILE BOTTLE out, and have put an 18g needle into the WHATMAN syringe filter and inserted it into the sterile bottle. I have also put a 22g needle into the bottle to allow for air to escape so that pressure does not build up as I press the tren through the filter and into the bottle. I also have the 2ccs of oil in the 5cc syringe on standby.



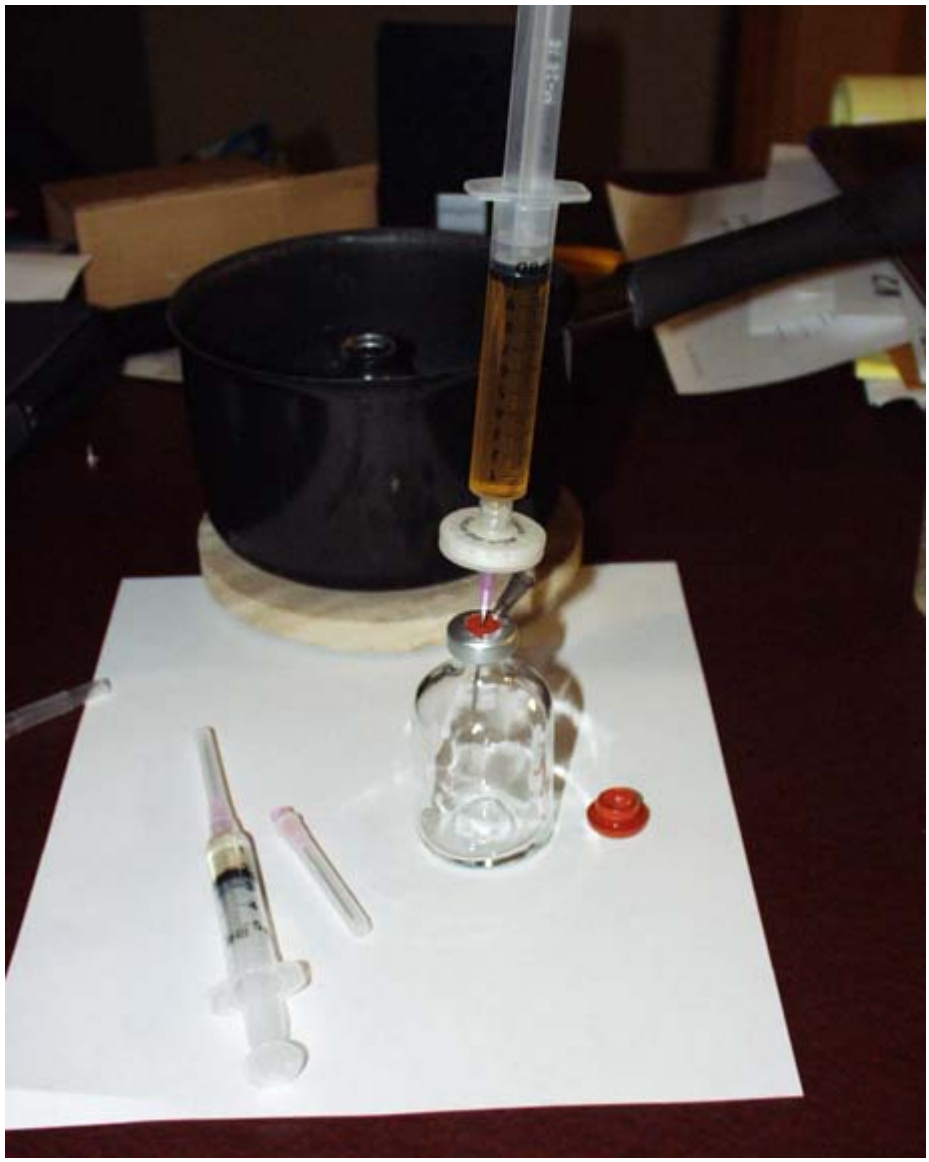
Here is my setup from another angle. the tren solution is in the warm water in the black pot in the background (you cant see it in this pic).

Here is the tren warming in the hot water.

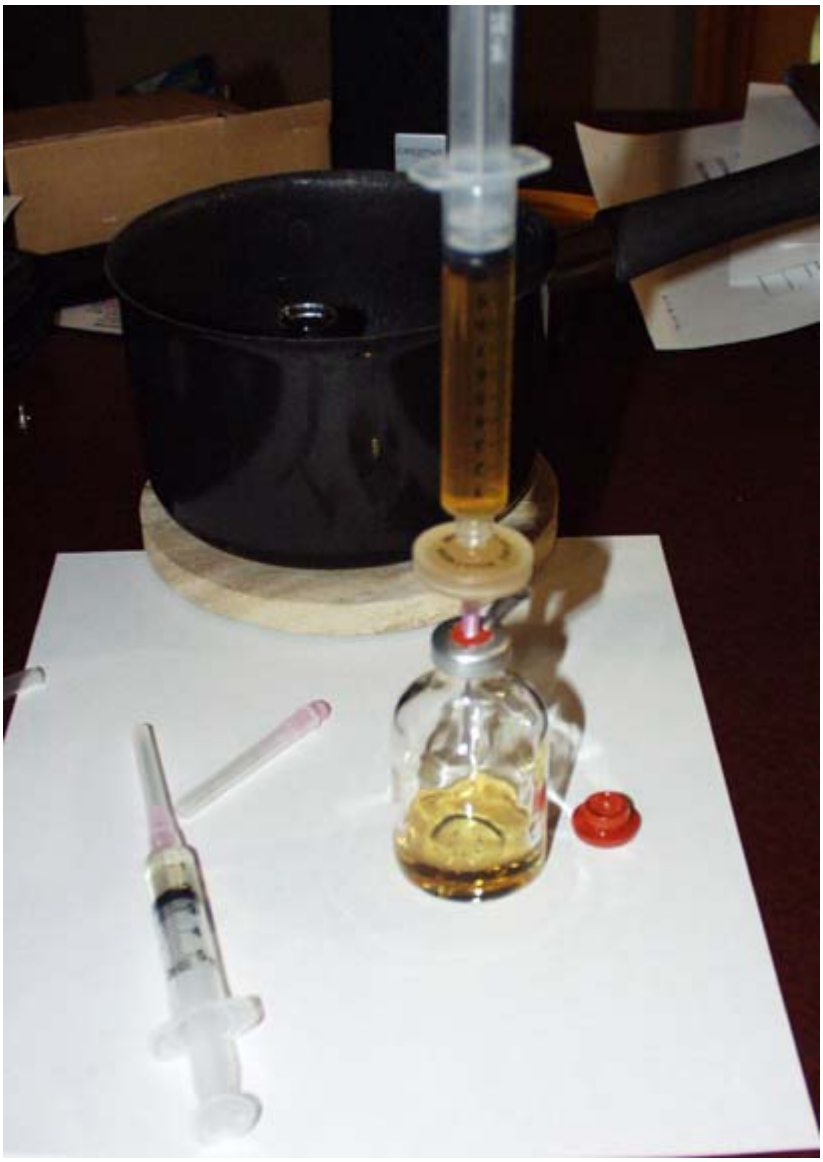
The first step here, is to pull the tren up into the 10cc syringe with the needle on it.

METHOD #2 STEP 13

After drawing out 10cc's I removed the 18g needle from the syringe, and attached the syringe to the "Whatman" filter. NOTE: it screws onto the syringe... make sure its tight! I pressed the tren oil through the syringe. Be very careful NOT to force too much, it will only go through so fast, so be patient. If you press to hard, the tren oil will shoot out all over... you are almost done, so don't screw it up here by being impatient.



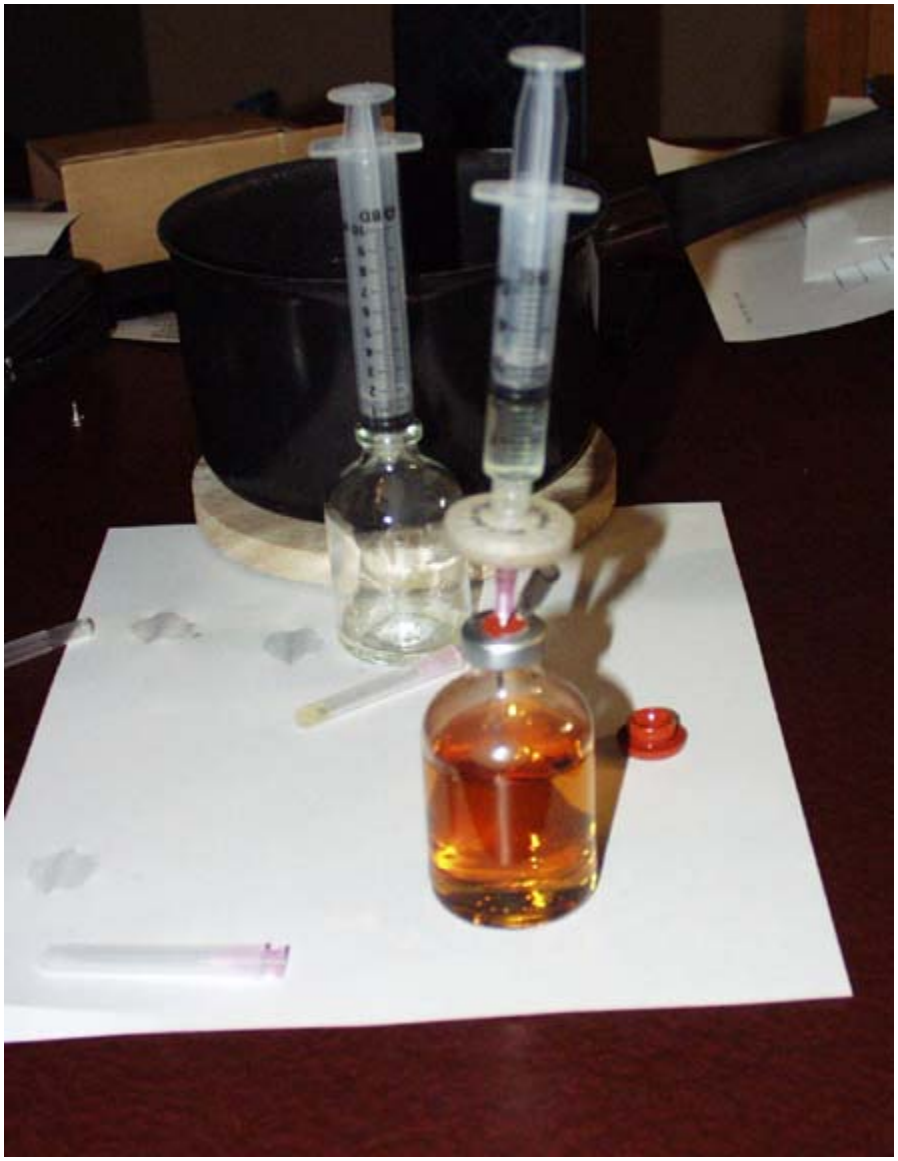
Remember... do this firmly, but gently. I had to do it 5 times.



The last time I drew all the tren oil out of the bottle that was warming in the hot water, I had to take the bottle out of the bath so I could turn it on its side to "grab" the last few drops of oil. All in all, I got 45ccs of tren out of this.

METHOD #2 STEP 14

The last step here was to purge all the tren out of the "Whatman" filter by pressing the last 2cc's of oil (remember the oil we saved much earlier) through the filter and into the sterile bottle. here is a photo of that... notice that the other bottle is empty, and the syringe sticking into the bottle in this picture is only oil.



This is a picture of the final product... with the 2cc's of oil added it makes for a total of 47'ccs of tren solution. I think I got most of it!!

STEROID RANKING CHART

Drug	Strength Gains	Mass & Weight Gain	Fat Burning	Test Stimulation	Contest Prep	Appetite Suppression	Use as an Anti-Estrogen	Side Effects	Cost	Keep Gains?
Aldactone	-	-	-	-	9	-	-	8	4	-
Anadrol	10	10	-	-	5	-	-	9	5	1
Anavar	7	4	-	-	6	2	-	1	9	9
Andriol	2	2	-	-	-	-	-	1	7	8
Arimidex	-	-	-	-	9	-	10	3	9	-
Catapres	2	2	-	-	-	-	-	8	6	-
Cheque Drops	2	-	-	-	-	-	-	10	8	-
Clenbuterol	1	1	5	-	9	8	-	3	2	1
Clomid	1	-	-	8	8	-	7	3	6	1
Cyclofenil	1	1	-	7	5	-	6	2	3	1
Cytadren	-	-	-	-	-	-	9	8	7	-
Cytomel	-	-	7	-	4	8	-	8	1	-
Drug	Strength Gains	Mass & Weight Gain	Fat Burning	Test Stimulation	Contest Prep	Appetite Suppression	Use as an Anti-Estrogen	Side Effects	Cost	Keep Gains?

Drug	Strength Gains	Mass & Weight Gain	Fat Burning	Test Stimulation	Contest Prep	Appetite Suppression	Use as an Anti-Estrogen	Side Effects	Cost	Keep Gains?
Deca Durabolin	6	6	-	-	5	-	-	4	5	8
Dianabol	9	9	-	-	-	-	-	6	2	3
DNP	-	-	10	-	4	4	-	10	5	-
Durabolon	6	6	-	-	-	-	-	4	4	9
Dynabolon	6.5	6.5	-	-	5	-	-	3	7	8
EPO	-	-	-	-	-	-	-	10	7	-
Ephedrine	-	-	6	-	8	8	-	6	1	-
Equipoise	5.5	5.5	-	-	6	-	-	4	5	8
Esiclene	-	-	-	-	7	-	-	6	8	1
Finaplix	10	10	-	-	7	-	-	9	6	4
GHB	-	-	3	2	2	-	-	2	2	-
Glucophage	-	-	-	-	6	-	-	6	2	-
Drug	Strength Gains	Mass & Weight Gain	Fat Burning	Test Stimulation	Contest Prep	Appetite Suppression	Use as an Anti-Estrogen	Side Effects	Cost	Keep Gains?

Drug	Strength Gains	Mass & Weight Gain	Fat Burning	Test Stimulation	Contest Prep	Appetite Suppression	Use as an Anti-Estrogen	Side Effects	Cost	Keep Gains?
Growth Hormone	**8**	**8**	**8**	**-**	**10**	**-**	**-**	**4**	**10**	**9.5**
Halotestin	**4.5**	**3**	**-**	**-**	**9**	**-**	**-**	**9**	**5**	**2**
HCG	**-**	**-**	**-**	**10**	**-**	**-**	**-**	**4**	**4**	**-**
Insulin	**7**	**7**	**3**	**-**	**8**	**-**	**-**	**10**	**2**	**7**
Lasix	**-**	**-**	**-**	**-**	**10**	**-**	**-**	**9**	**7**	**-**
Laurabolin	**5**	**6**	**-**	**-**	**-**	**-**	**-**	**4**	**6**	**9**
Masteron	**6**	**6**	**-**	**-**	**10**	**-**	**2**	**2**	**8**	**8**
Methyltestosterone	**7**	**7**	**-**	**-**	**-**	**-**	**-**	**10**	**8**	**2**
Nolvadex	**-**	**-**	**3**	**-**	**-**	**-**	**6**	**3**	**4**	**1**
Norandren 50	**6**	**6**	**-**	**-**	**-**	**-**	**-**	**4**	**4**	**8**
Nubain	**-**		**-**	**-**	**6**	**-**	**-**	**8**	**-**	**-**
Omnadren 250	**8**	**8**	**-**	**-**	**-**	**-**	**-**	**5**	**3**	**6**
Drug	Strength Gains	Mass & Weight Gain	Fat Burning	Test Stimulation	Contest Prep	Appetite Suppression	Use as an Anti-Estrogen	Side Effects	Cost	Keep Gains?

Drug	Strength Gains	Mass & Weight Gain	Fat Burning	Test Stimulation	Contest Prep	Appetite Suppression	Use as an Anti-Estrogen	Side Effects	Cost	Keep Gains?
Parabolan	**9**	**9**	**2**	**-**	**10**	**-**	**-**	**8**	**9**	**6.5**
Phenformin	**-**	**-**	**4**	**-**	**6**	**-**	**-**	**10**	**4**	**-**
Primobolan Depot	**5.5**	**5.5**	**-**	**-**	**10**	**-**	**-**	**4**	**8**	**10**
Primobolan Tablets	**3.5**	**3.5**	**-**	**-**	**8**	**-**	**-**	**4**	**4**	**7.5**
Primoteston Depot	**8**	**8**	**-**	**-**	**-**	**-**	**-**	**4**	**1**	**4**
Proviron	**-**	**-**	**-**	**8**	**-**	**-**	**-**	**6**	**6**	**-**
Ralgrow	**1**	**0**	**-**	**-**	**-**	**-**	**-**	**10**	**6**	**4**
Sostanon 250	**8**	**8**	**-**	**-**	**-**	**-**	**-**	**5**	**4**	**6**
Sten	**6**	**6**	**-**	**-**	**-**	**-**	**-**	**6**	**2**	**5**
Synovex	**6**	**6**	**-**	**-**	**-**	**-**	**-**	**6**	**6**	**4**
Synthol	**-**	**-**	**-**	**-**	**8**	**-**	**-**	**8**	**10**	**2**
Teslac	**1**	**1**	**-**	**5**	**9**	**-**	**10**	**2**	**10**	**1**
Drug	Strength Gains	Mass & Weight Gain	Fat Burning	Test Stimulation	Contest Prep	Appetite Suppression	Use as an Anti-Estrogen	Side Effects	Cost	Keep Gains?

Drug	Strength Gains	Mass & Weight Gain	Fat Burning	Test Stimulation	Contest Prep	Appetite Suppression	Use as an Anti-Estrogen	Side Effects	Cost	Keep Gains?
Testosterone Cypionate	**8**	**8**	**-**	**-**	**-**	**-**	**-**	**6**	**4**	**3**
Testosterone Enanthate	**7**	**7**	**-**	**-**	**-**	**-**	**-**	**6**	**4**	**4**
Testosterone Propionate	**8**	**6**	**-**	**-**	**-**	**-**	**-**	**4**	**4**	**2**
Testosterone Suspension	**10**	**10**	**-**	**-**	**-**	**-**	**-**	**6**	**4**	**1**
Testosterone Theramex	**9**	**9**	**-**	**-**	**-**	**-**	**-**	**5**	**5**	**5**
Winstrol Depot	**4**	**3**	**-**	**-**	**9**	**-**	**-**	**2**	**8**	**9**
Winstrol Tablets	**2.5**	**2**	**-**	**-**	**9**	**-**	**-**	**3**	**8**	**9**
Drug	Strength Gains	Mass & Weight Gain	Fat Burning	Test Stimulation	Contest Prep	Appetite Supression	Use as an Anti-Estrogen	Side Effects	Cost	Ability To Keep Gains

Drug Profiles

These are all the steroids and their common or trade names:

Steroid or Drug Name:	Common Name:
Agoviron	Methyltestosterone
Agoviron inj	Testosterone Propionate
Agoviron-depot	Testosterone Suspension
Ambosex	Estandron
Amino glute ahimid	Cytadren
Anabol	Dianabol
Anabolicum	Dianabol
Anabolicum Vister	Anabolicum Vister
Anabolikum	Dianabol
Anabolin	Dianabol
Anaboline	Deca-Durabolin
Anador	Anadur
Anadurin	Anadur
Anapolon	Anadrol
Anasteron	Anadrol
Anatrophill	Oxandrolone
Anavar	Oxandrolone
Andoredan	Dianabol
Andro 100	Testosterone Enanthate
Andro LA	Testosterone Cypionate
Andro pository	Testosterone Enanthate
Andro-Cyp	Testosterone Cypionate
Androfort-Richt	Testosterone Propionate
Android	Methyltestosterone
Androlan	Testosterone Propionate
Androlan Aqueous	Testosterone Suspension
Androlin	Testosterone Suspension
Androlone-D200	Deca-Durabolin
Andronaq LA	Testosterone Cypionate
Andronaq-50	Testosterone Suspension
Andronute	Testosterone Cypionate
Androral	Methyltestosterone
Androtardyl	Testosterone Enanthate
Androxon	Andriol
Andryl 200	Testosterone Enanthate
Ara Test	Testosterone Propionate

Arcosterone	Methyltestosterone
Arderone 100/200	Testosterone Enanthate
Ardomon	Clomid
Biogonadyl	H.C.G
Bionabol	Dianabol
Boldebal	Equipose
Brumegon	H.C.G
C.G	H.C.G
Catanidin	Catapres
Catapresan	Catapres
Ceadon	Nolvadex
Cesbron	Clenbuterol
Chor. Gonadtropin	H.C.G
Choragon	H.C.G
Chorex	H.C.G
Chorigon	H.C.G
Choriolutin	H.C.G
Chorion-Plus	H.C.G
Choron 10	H.C.G
Chorulon vet	H.C.G
Chorvlon	H.C.G
Clenasma	Clenbuterol
Clom	Clomid
Clomifene	Clomid
Clomipheni citras	Clomid
Clomipheni citrate	Clomid
Clomivid	Clomid
Clonidin	Catapres
Clonidine	Catapres
Clonisin	Catapres
Clonistada	Catapres
Clonodine HCL	Catapres
Clostilbegyt	Clomid
Combipress	Catapres
Contrapasmina	Clenbuterol
Contrasmina	Clenbuterol
Corgonject	H.C.G
C-ratioph	Clomid
Crioxifeno	Nolvadex
Cynomel	Cytomel
Cyronine	Cytomel

Cytomel Tabs	Cytomel
Deca-Durabol	Deca-Durabolin
Defarol	Nolvadex
Delatest	Testosterone Enanthate
Delatestryl	Testosterone Enanthate
Dep Andro-100-200	Testosterone Cypionate
Depo Testosterone	Testosterone Cypionate
Deposterone	Sustanon 250
Depotest	Testosterone Cypionate
Dep-test	Testosterone Cypionate
Dep-testosterone	Testosterone Cypionate
Dialone	Dianabol
Dignotamoxi	Nolvadex
Dixarit	Catapres
Drolban	Masteron
D-test	Testosterone Enanthate
Dufine	Clomid
Durandron	Sustanon 250
Duratamoxifen	Duratamoxifen
Duratest	Testosterone Cypionate
Dura-testosterone	Testosterone Enanthate
Durathate-200	Testosterone Enanthate
Dynasten	Anadrol
Dyneric	Clomid
Eferox	L-Thyroxine
Ekluton	H.C.G
Elpihormo	Deca-Durabolin
Eltroxin	L-Thyroxine
Emblon	Nolvadex
Enarmon-depot	Testosterone Enanthate
Encephan	Dianabol
Euthroid	Cytomel
Euthyrox	L-Thyroxine
Eutirox	L-Thyroxine
Everone	Testosterone Enanthate
Extraboline	Deca-Durabolin
Farmo	Nolvadex
Fertodur	Cyclofenil
Follutein	H.C.G
Fortabol	Laurabolin
Fortadex	Laurabolin

G. chor. "Endo"	H.C.G
Ganabol	Equipose
Gestyl	H.C.G
Glukor	H.C.G
Gonadoplex	H.C.G
Gonadotrafon LH	H.C.G.
Gonadotraphon	H.C.G
Gonadotropyl	H.C.G
Gonic	H.C.G
Gravosan	Clomid
HCG Lepori	H.C.G
Histerone inj	Testosterone Suspension
Hormobin	Methyltestosterone
Hybolin Imp	Testosterone Cypionate
Indovar	Clomid
Jebolan	Deca-Durabolin
Jenoxifen	Nolvadex
Kessar	Nolvadex
Klomifen	Clomid
Kyliformon	Clomid
Laurabolin V	Laurabolin
Ledertam	Nolvadex
Levoid	L-Thyroxine
Levoroxine	L-Thyroxine
Levothroid inj	L-Thyroxine
Levothyroxine	L-Thyroxine
Levoxine	L-Thyroxine
Levoxyl	Cytomel
Linomel	Cytomel
Liothyrone	L-Thyroxine
Lonavar	Oxandrolone
Longivo	Methyltestosterone
L-Thyroxin Hennin	L-Thyroxine
L-Thyroxin Sodium	L-Thyroxine
Malogen	Testosterone Suspension
Malogen Cyp	Testosterone Cypionate
Malogen L.A	Testosterone Enanthate
Malotrone	Testosterone Suspension
Mamomit	Cytadren
Mandofen	Nolvadex
Masterid	Masteron

Masteril	Masteron
Mastisol	Masterol
Mastofen	Nolvadex
Maxibolin	Orabolin
Maxiolin Elixier	Orabolin
Mediatric	Methyltestosterone
Mesteron	Methyltestosterone
Metanabol	Dianabol
Metandiabol	Dianabol
Metandren	Methyltestosterone
Methandrostenolonum	Dianabol
Mirfat	Catapres
Monores	Clenbuterol
Nandrobolic L.A	Deca-Durabolin
Nandrol. Dec	Deca-Durabolin
Nandrolone Dec	Deca-Durabolin
Naposim	Dianabol
Neo Durabolic	Deca-Durabolin
Neoclym	Cyclofenil
Neogonadil Bruco	H.C.G
Neo-Hombreol	Testosterone Propionate
Neo-Tiroimade	Cytomel
Nerobol	Dianabol
Nidolin	Triacana
Noltam	Nolvadex
Nolvadex D	Nolvadex
Nolvadex Forte	Nolvadex
Noncarcinon	Nolvadex
Norandren	Deca-Durabolin
Nourytam	Nolvadex
Novegam	Clenbuterol
Nurezan	Deca-Durabolin
Omifin	Clomid
Ondogyne	Cyclofenil
Ora-Testryl tabs	Halotestin
Oreton Methyl	Methyltestosterone
Orgabolin drop	Orabolin
Orimetene	Cytadren
Ovogest	H.C.G
Ovo-Gonadon	H.C.G
Oxeprax	Nolvadex

Oxitonsa	Anadrol
Pace	Equipose
Panteston	Andriol
Paracefan	Catapres
Pergotime	Clomid
Permastril	Masteron
Pharmachim	Clenbuterol
Physex	H.C.G
Physex Leo	H.C.G
Pioner	Clomid
Plenastril	Anadren
Praedyn	H.C.G
Predalon	H.C.G
Pregnesin	Pregnesin
Pregnyl	H.C.G
Primogonyl	H.C.G
Proasi HP	Proasi HP
Profasi	H.C.G
Prolan vet	H.C.G
Prolifen	Clomid
Pronabol	Dianabol
Prontovent	Prontovent
Psychobolan	Dynabolan
Rehibin	Cyclofenil
Restandol	Andriol
Retabolil	Deca-Durabolin
Retabolin	Deca-Durabolin
Riboxifen	Nolvadex
Roboral	Anadrol
Rochoric	H.C.G
Rodozol	Cytadren
Ro-Thyronine	Cytomel
S.L.T	L-Thyroxine
Serofene	Clomid
Serophene	Clomid
Serpafar	Clomid
Sexovid	Cyclofenil
Spasmo	Mucosolvan
Spiropent	Clenbuterol
Spriopent mite	Clenbuterol
Stenolon	Dianabol

Stenox	Halotestin
Sterobolin	Deca-Durabolin
Sybolin	Equipose
Synasteron	Anadrol
Synthroid	L-Thyroxine
T. cell pharm	Nolvadex
T. citrate	Nolvadex
T. dumex	Nolvadex
T. Farmitalia	Nolvadex
T. Fermenta	Nolvadex
T. Heumann	Nolvadex
T. Hexal	Nolvadex
T. Jenapharm	Testosterone Propionate
T. Lachema	Nolvadex
T. lingvalete	Methyltestosterone
T. Onkolan	Nolvadex
T. Pan Medica	Nolvadex
T. Pharbita	Nolvadex
T. propionicum	Testosterone Propionate
T. Ratiopharm	Nolvadex
T. Sopharma	Nolvadex
T. Streuli	Testosterone Propionate
T. Vitis	Testosterone Propionate
T. Wassermann	Nolvadex
T.Berco Supp	Testosterone Propionate
T.prop. Eifel fango	Testosterone Propionate
T.Prop.Disp	Testosterone Propionate
T3	Cytomel
T4 tabl	L-Thyroxine
Tadex	Nolvadex
Tafoxen	Nolvadex
Tamax	Nolvadex
Tamaxin	Nolvadex
Tamcal	Nolvadex
Tamexin	Nolvadex
Tamifen	Nolvadex
Tamofen	Nolvadex
Tamofene	Nolvadex
Tamoplex	Nolvadex
Tamox	Nolvadex
Tamox AL	Nolvadex

Tamoxan	Nolvadex
Tamox-GRY	Nolvadex
Tamoxifen	Nolvadex
Tamoxifen Ebene	Nolvadex
Tamoxifen Funk	Nolvadex
Tamoxifen Hexal	Nolvadex
Tamoxifen Lederle	Nolvadex
Tamoxifen Leivas	Nolvadex
Tamoxifen medac	Nolvadex
Tamoxifen mp	Nolvadex
Tamoxifen NM	Nolvadex
Tamoxifeno	Nolvadex
Tamoxifeno Septa	Nolvadex
Tamoxifeno Tablets Hs	Nolvadex
Tamoxifenum	Nolvadex
Tamoxifenum gF	Nolvadex
Tamoxifenum pch	Nolvadex
Tamoxigenat	Nolvadex
Tamox-Puren	Nolvadex
Tamoxusta	Nolvadex
Taxus	Nolvadex
Teatrois	Triacana
Teenofen	Nolvadex
Tertroxin	Cytomel
Tesamone	Nolvadex
Tesone L.A	Testosterone L.A
Test Aqueous	Testosterone Suspension
Test Prolongatum	Testosterone Cypionate
Testa-C	Testosterone Cypionate
Testadiate-Depot	Testosterone Cypionate
Testanate No 1	Testosterone Enanthate
Testaval	Testosterone Enanthate
Testex	Testosterone Propionate
Testex Leo	Testosterone Propionate
Testex Leo Prolongatum	Testosterone Cypionate
Testoaterone Prop	Testosterone Propionate
Testo-Enant	Testosterone Enanthate
Testogan	Testosterone Propionate
Testoject-50	Testosterone Cypionate
Testoject-LA	Testosterone Cypionate
Testolin	Testosterone Suspension

Teston	Methyltestosterone
Testormon	Methyltestosterone
Testorona 200	Testosterone Enanthate
Testorona 50	Testosterone Propionate
Testosteron	Testosterone Propionate
Testosterone-depot	Testosterone Enanthate
Testoviron depot	Testosterone Enanthate
Testovis	Methyltestosterone
Testovis depo	Testosterone Propionate
Testred	Methyltestosterone
Testred Cyp	Testosterone Cypionate
Testrin-PA	Testosterone Enanthate
Thevier	L-Thyroxine
Thybon forte	Cytomel
Thyrax	L-Thyroxine
Thyrex	L-Thyroxine
Thyro 4	L-Thyroxine
Thyro Hormone	L-Thyroxine
Thyrotardin	L-Thyroxine
Thyroxin	L-Thyroxine
Thyroxin-natrium	L-Thyroxine
Tiromel	Cytomel
Tironina	Cytomel
Tiroxino leo	L-Thyroxine
Ti-Tre	Cytomel
Tokormon	Clomid
Trijod. Sanabo	Cytomel
Trijodthyr. 50	Cytomel
Trijodthyr. Leo	Cytomel
Trijodthyronin	Cytomel
Trinergic	Dianabol
Triolandren	Testosterone Propionate
Turinabol. Depot	Deca-Durabolin
Ultandren	Halotestin
Undestor	Andriol
Vasoprome	Oxandrolone
Vebonol	Equipose
Ventipulmin	Clenbuterol
Ventolase	Clenbuterol
Virigen	Andriol
Virilon	Methyltestosterone

Virormone	Testosterone Propionate
Zemide	Nolvadex
Ziremilon	Deca-Durabolin
Zitazonium	Nolvadex

Different Body Types

Below are the 5 body types that people come in. Ectomorph, Endomorph and Mesomorph are the foundations to each body type.

ECTOMORPH	ENDOMORPH	MESOMORPH	ECTO/ENDOMORPH	ENDO/ECTOMORPH

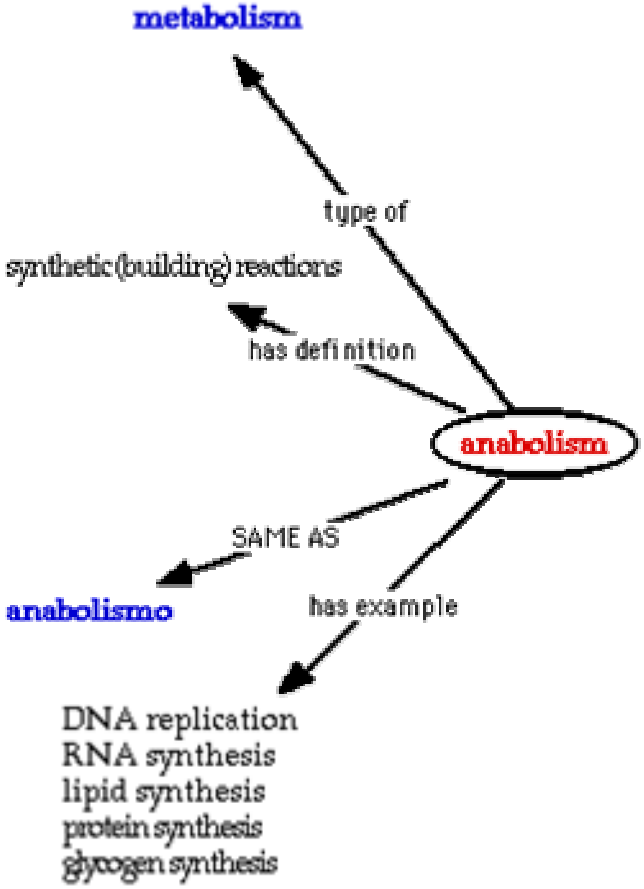
Type	Ectomorph	Endomorph	Mesomorph
Physical characteristics	Tall and thin. Thin chest small hips.	Strong bones, round appearance.	Athletic appearance.
Metabolic characteristics	Fast metabolism. Slow muscle gains	Slower metabolism. Likely to carry a little excess body fat.	Can gain and lose weight easily.
Training positives	Weight loss comes easy. Naturally fit.	Naturally strong. Quick to gain muscle.	Responds well to both resistance and aerobic training.
Training negatives	Slow to gain muscle. Exercise can cause weight loss	Finds it difficult to lose weight. Needs to work on fitness.	Can become overtrained quickly. Variety is the key.

Common terms used in Bodybuilding

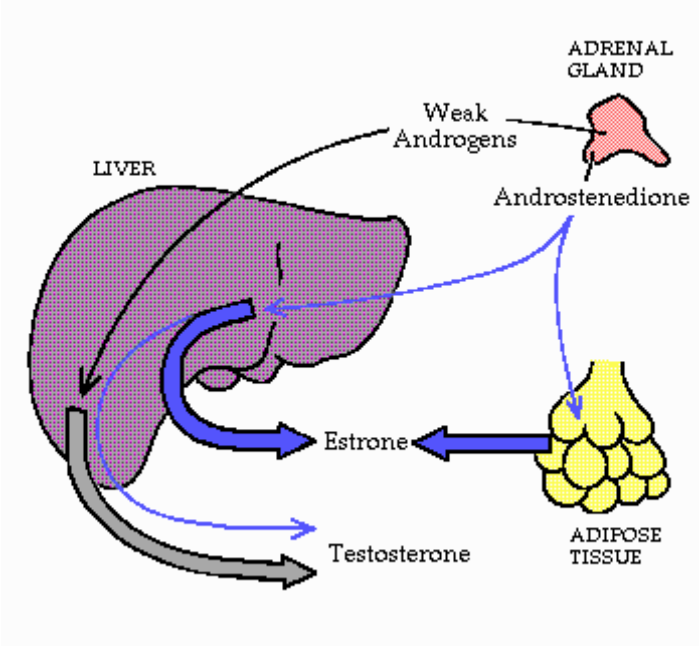
- Anabolic= promoting anabolism.

- Anabolic steroid= any one of several compounds derived from testosterone or prepared synthetically to promote general body growth, to oppose the effects of endogenous estrogen, or to promote masculinization effects. They have a chemical structure similar to cholesterol.

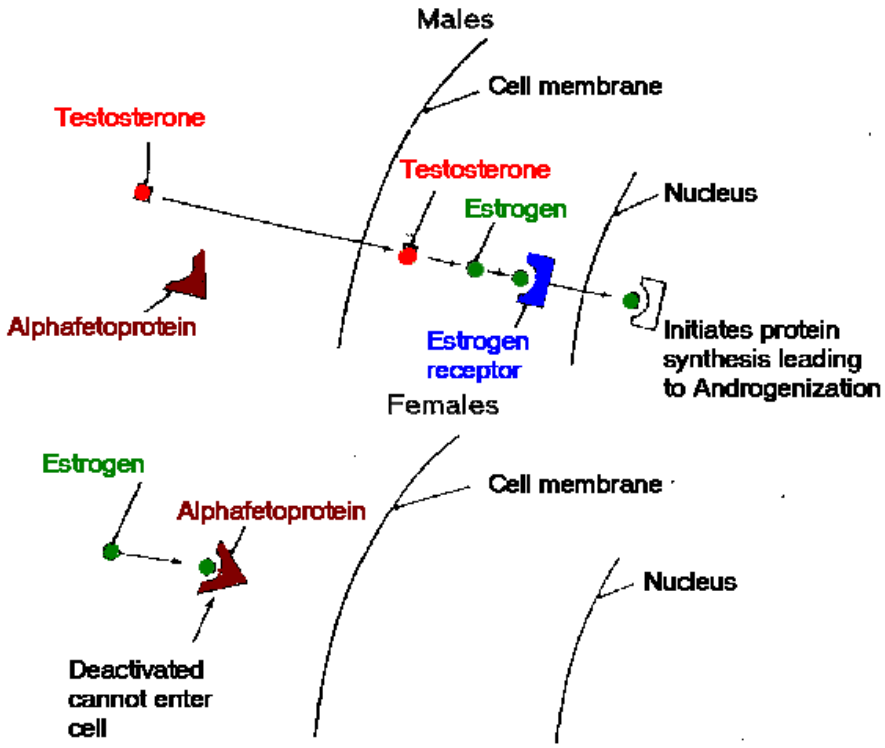
- Anabolism= constructive metabolism characterized by the building of tissue into more complex living matter, mainly muscle.



- Androgen= any steroid hormone that promotes male characteristics.



- Aromatize= the conversion of testosterone to estrogen.



- ATP= adenosine triphosphate is a molecule used to store and release energy in the muscle.

- Atrophy= refers to a state of deterioration usually within the muscle or bodily organ due to a lack of use or health.

- Bitch Tits= a slang term for gynecomastia.

- Catabolism= a complex metabolic process in which energy is liberated for use in work, energy storage, or heat production by the destruction of complex substances. Basically muscle tissue is broken down when a person is in a catabolic state and the use of anabolic steroids will change this.

- Cholesterol= a fatty substance found in animals that performs many vital functions and is synthesized by the liver and the adrenal cortex.

- Creatine= a nitrogenous compound that when combined with phosphate produces ATP.

- Cycle= the time in which a certain supplement is taken. If you take a supplement for 6 weeks it is a 6-week cycle. Usually the time on a cycle is followed by the same amount of time off of the cycle.

- Dart, pin, poke, ned= slang terms for syringes.

- Diuretic= a substance that increases the amount of urine which is released by the kidneys.

- Estrogen= natural hormone that promotes the growth and development of female characteristics Fakes or basement drug= refers to counterfeit or fake steroids.

- Freaky= A bodybuilding term used to describe a person who is huge and obviously on steroids.

- Gear= slang for steroids, syringes, anything associated with the use of steroids.

- Gynecomastia= an abnormal enlargement of one or both breasts in men. This condition is usually temporary due to a hormonal imbalance brought on by the use of steroids, however, can occur naturally as well.

- Immune system= the system in a persons body that wards off infection and responds to illness.

- Juice= slang term for injectable steroids.

- Lean body mass= the amount of muscle on a persons body.

- Libido= a persons sex drive.

- Steroid= any of a large number of hormonal substances with the same basic chemical structure produced mainly in the adrenal cortex and gonads.

- Testosterone= an androgenic hormone which is used to produce anabolic steroids.

- Thermogenisis= the production of heat. Raises metabolism making it easier to burn fat.

- Trade name= the name given to a particular substance by each company that manufactures it.

- Virilization= the process in which a person takes on the characteristics of a mature male. Masculinization.